			Banadasa		D. L.	Ca II	- 146	-16	110					
			Department Div	i or	rub n of	IIC HO Envi	eaith a ronma	ental	ociai Se Health	ervices				
			Food Esta							Report	Page _	1 .	of S	L
INSPECT	TON RSN TYP	EGRADE	INSPECTION D	ATE	9111	EST	ABLIS	HMENT	NAME	Keport	, ago_		<u>~</u> =	_
Regular	VV	1 ^	9 122 1	20	17		Per.	e2	ALRE	5 mobil				
Follow-u	Р	7 0		ME C	-	PER	MIT HO						-	_
Complain	nt	RATING	1-15 AM 1	110	M	4		SGH	Corl	Poration				
investiga	ition	1 ^	SANITARY PERM			LOC				+ 7024- ZWEW-	122 - 111		1	
Other:		1 H	17000061				# 4b	5 N	hari	The CORPS DR Y	100 6W	200	•	
	STABLISHMI	ENT TYPE				No	of Rick	Factor	Interventi	on Violations	THE RESERVE TO SHARE THE PARTY OF THE PARTY	SK CA	TEO	707
_		FAIL	65	3-5	271					itervention Violations		2	I EGC	JK.
CONTRACTOR OF THE PARTY OF THE			The second secon			140.					0			
	FU	ODBOKNE	ILLNESS RISK	FA		JKS	AND	PU	SLIC H	EALTH INTERVE	NTIONS			
IM = In	compliance O	Circle design	ated compliance (IN, OUT, N	O, N/	A) for	each ni	imbered i	item. I	Mark "X" in	appropriate box for COS and/o	rR.		3.00	
Compli	ance Status	O1 - NOT IN COMPIN	nce N/O = Not observed N	ICO.	el p	licable	COS =	Correct	ed on-site d ce Status	luring inspection R = Repeat v	iolation PTS			
Compil	arica otatus	Sup	ervision	ICO	oj re	1113	COL	npuan		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	CTOO Facelly	cos	R	PT
1 (1)	0.17		present, demonstrates	T-	T	1	16	IN OU	T (N/A) N/O	tentially Hazardous Food Proper cooking time and temp	(TCS FDOD)			6
	OUT	knowledge, and p	•			6	17	IN OU	T WA NO	Proper reheating procedures f	or hot holding	\vdash		6
		Employ	ree Health				18	IN OU	T W NO	Proper cooling time and temp	eratures	1		6
2 N		_	reness, policy present			6	19	IN OU	T N/A (VO	Proper hot holding temperatur	es		1	6
3 (N)	OUT	CONTRACTOR OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAMED	orting, restriction & exclusion			6	20	IN QU	N/A	Proper cold holding temperatu	ires	X	100	6
-			enic Practices	The same			21	IN OU	סא (איי) דו	Proper date marking and disp	osition		Alford I	6
4	OUT N/A N/O		ting, drinking, betelnut, or			6	100			Consumer Advisor	CV.	1095		
	OUT N/A N/O	tobacco usa		-	+		- 17			Tonadillo Patriso				
3 [84]			eyes, nose, and mouth	_	_	6	22	IN OU		Consumer Advisory provided t	or raw or			
6 (N)	OUT N/A N/O			т—	1	16	22	IN OU	INA	undercooked foods				6
			tact with ready-to-eat foods or		+	-	Challen			Highly Susceptible Popu	detlane			_
7 1	OUT N/A N/O		method property followed	1		6	-	T	1	Pasteurized foods used; prohil				_
B In	OUT	Adequate handwa	shing facilities supplied &	П	Т	6	23	IN OU	N/A)	offered	mod roods not	1		6
9		accessible		_	_	1 0			A	Chemical				
0 0			ed Source	_	_		24	IM OU	T N/A	Food additives, approved and	nmpady used			6
9 W			m approved source	-	-	6		<u> </u>		1 500 additives, approved and	property used			0
11 11		Food received at p		\vdash	-	6	25	IN OU	r	Toxic substances properly ider	stified, stored,			6
		The Part of the Pa	ition, safe, and unadulterated available: shellstock tags,	-	-	6		ν_{-}		used				
12 IN	OUT WA NO	parasite destruction			1	6			700	formance with Approved			-	
		A	n Contamination			1000	26	IN OU	T/N/A)	Compliance with variance, spe process, and HACCP plan	ciatized			6
13 (1)		Food separated ar	nd protected		T	6		Dist			11 11 1		_	_
14 N	OUT N/A		ces: cleaned & sanitized			6		DEBAS	ractors are	improper practices or procedu juting factors of foodborne illnes	res identified a	s the mo	ost	
15 N	OUT		of returned, previously		П	6		inter	entions are	control measures to prevent for	odbome illnes	s or iniu	ILA I	
		Iselved, recordation	ned, and unsafe food	30	BE	7.71	557					-		_
		Good Retail Practic	COS GEO PERMANENTATIVA MANAGERA	יטכ	NE.	PAIL	.PR/	1011	CES	nicals, and physical objects into				
Ma	rk "X" in box: If	numbered item is no	x in compliance and/or if COS	and/	or R	COS	=Correct	or paulo ted on-s	gens, chem ite during in	nicais, and physical objects into	n PTS =Der	ment no	inte	
omplia	ince Status			COS	R	PTS	Com	plianc	e Status	TO THE PROPERTY OF THE PROPERT		COS		773
1000			and Water	271122			11			Proper Use of Utens				
27	Pasteurized	eggs used where re	quired			1	40	tr	1-use utens	ils: properly stored				1
28	Water and lo	e from approved so	urce			2	41			uipment and linens: property sto	red, dried,			1
29	Variance obj	pined for enecialize	d processing methods	-	\vdash	\vdash			andled				_	
-0	TV BITETIOG OU	CONTRACTOR OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO	rature Control		_	1	42			ingle-service articles: properly s	stored, used		\rightarrow	1
	Proper coolii		dequate equipment for				43		loves used		fandine			1
30	temperature							Té		Itensils, Equipment and \ Infood-contact surfaces cleanal				_
31	Plant food p	roperly cooked for h	ot holding			1	44			onstructed, and used	ne, property			1
32	Approved the	awing methods used	1				45			g facilities: installed, maintained	, used; test		\rightarrow	
33									nps					1
13]	Thermomete	r provided and accu		Ц.			46	N	onfood-con	tact surfaces clean				1
34	Food properl	y labeled; original c	ntification		_	-	47.1	To a	-1.0	Physical Facilities				
24			od Contamination				47	_		ater available, adequate pressu		-		2
35]	The state of the s	nts, and animals no				2	49			stalled; proper backflow devices		-		2
36			food peparation, storage &	-		-				wastewater properly disposed		\rightarrow	-	2
_	display		Name and Address of the Address of t		1 8	1	50	Toilet facilities: properly constructed, supplied, & cleaned						2
37	Personal cleanliness		Value III		100	1	51	Garbage/refuse property disposed; facilities maintai			maintained			2
38			stored	2000		1	52					-		1
9		ts and vegetables				1	53			ntilation and lighting; designate	d areas use		_	i
			the above violation(s)			7	10270	di ju		Documents and Placa	rds		1657.03	
1	am aware of	the corrective	measures that shall be	take	en.		54	S	anitary Perr	nit, Health Certificates valid an			T	2
rson in	Charge (Print a	ind sign) Oru	2 X						Dat	* 09 22 IT				
H Inspe	ctor Print and	Slan)							_		A 1=	11	0	_
	Derie	sign) +chell	- MO-7-						Foll	low-up (Circle one): YES	(NO) FOI	llow-up	NATE	
	Rev: 08.27.15		White:	DPHS:	S/DEH	Yello	w: Food	Establisi	-	3.77	V -	-		-

		D	ivision of E	nvironment		oort	Page	2 _{of} 2		
1000	PECEZ ACO	SANITARY PERMIT N		ort Upc	N. Marine 1	DO Vian	GuaM			
	in i wh	17000619	IO.	PERMIT HOLDER S64 Corporation						
		and the second s	PERATUR	RE OBSER	VATIONS					
Cr	Item/Location		Temperature (Item/Loc	ation	Tempe	erature (° F)		
0/5	tring Ham so	eduich / Frontes	72,50		100		+			
			75.50							
	hicken entlet	trunt conner	72.504					1/4		
							-	14007577		
ITEM NO.		OBSERVAT	TIONS ANI	D CORRE	CTIVE ACTIO	NS		CORRECT		
Violation	s cited in this rep	ort must be correc					tions 8-4	05.11 and		
	sakobulatos est s.e.	8-4	406.11 of the	e Guam Foo	d Code.	2000W				
	A LEGUL	AR INSPEC	TION W	AS CON	DUCTED ON	U THIS DA	4			
		FOLLOWING VIC	1	WERE	OBSERVED.	PILEVIOUS	INSPECT	70W		
	DATED ?	3/11/2013 0	/A							
#20	DHETTUS	SOCIL AC	CODNE	BEER	DICKT HA	h SANDWICHES	S	CoS		
11 10	CHICKEN	CUTLET AND	S WER	ERE STORED AT ROOM						
	TEMPERATURE.									
	ALL PHF/TCS SHALL BE STORED AT 41°F AND BELOW									
	OR 140°F AND ABOVE TO PREVENT THE PAPID GROWTH OF									
	BACTERIA.					200				
	54.55	A 4. C				200				
4	PHOTOS TI		116 1504	Ection 11	I Man Color	120				
	DEMOUS	PIC ON TH "A" PLACARI	NO OC	1002				1		
	ICLUED	CA. DOLLARD	NO GO	7.447		- Marie				
	1330450	p part o	70-1	0 79 /						
	Note: DIC	STATED FO	IDD ITEM	S Would) NIRMAU.	BE PLACE	IN			
		F NOT STORE								
				- 2		25 25				
ased on the i	nspection today, the item	s listed above identify viola	tions which shall	be corrected by	the date specified by	the Department Fallers	In comply m	DV PREIDI IN		
he immediate ubmitted to the	suspension of the SanIta re Director within the peri	ry Permit or downgrade. If od of times tablished in the	seeking to appea	al the result of an	y notice or inspection	i findings, a written requi	est for hearin	must be		
erson in Char	ge (Print and Sign)	XII)				Date:	09/22/	17		
EH Inspector	(Print and Sign)	DPHO-	-#-			Date:	alas I	1 10		
Rev	08.27.15	White		Yellow: Food Es	tablishment		11.01	111/		

White: DPHSS/DEH Yellow: Food Establishment